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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/577,992
	Filing Date	May 3, 2006
	First Named Inventor	YAMADA
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	HOS-73

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
			<input type="checkbox"/>
Remarks			
Correction of status and submission of deficiency fee payment under 37 CFR 1.28(c)			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sherman & Associates		
Signature			
Printed name	Robert L. Haines		
Date	November 10, 2006	Reg. No.	35533

### CERTIFICATE OF TRANSMISSION/MAILING

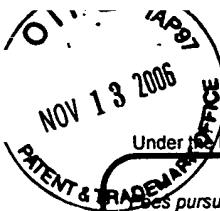
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 450.00)**Complete if Known**

Application Number	10/577,992
Filing Date	May 3, 2006
First Named Inventor	YAMADA
Examiner Name	
Art Unit	
Attorney Docket No.	HOS-73

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 19-1980 Deposit Account Name: Sherman & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
- 20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Deficiency fee payment under 37 CFR 1.28(c)

Fees Paid (\$)

\$450.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 35533	Telephone 703-549-2282
Name (Print/Type)	Robert L. Haines		Date November 10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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HOS-73

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Kikuo YAMADA

Serial No.: 10/577,992

Group:

Filed: May 3, 2006

Examiner:

FOR: CLEANING TOOL SHEET AND CLEANING TOOL

Date: November 10, 2006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CORRECTION OF STATUS AND SUBMISSION OF DEFICIENCY FEE PAYMENT**

**UNDER 37 CFR §1.28(c)**

Sir:

The subject application was filed May 3, 2006, with the filing fee calculated at the small entity rate on the basis of an individual inventor and an individual assignee.

The undersigned respectfully submits that this calculation was made in error inasmuch as the invention was, at the time of filing, under license to or subject to an agreement to license to a party which would not qualify for small entity status.

In accordance with the requirements of 37 CFR §1.28(c), Applicant herewith submits an itemization of the fees paid and the deficiency owed together with payment thereof.



ITEMIZATION OF FEES PAID

<u>Fee Type</u>	<u>Fee Paid</u>	<u>Fee Owed</u>	<u>Deficiency</u>
Utility filing fee	\$150.00	\$300.00	\$150.00
Utility search fee	\$200.00	\$400.00	\$200.00
Utility examination fee	\$100.00	\$200.00	\$100.00
Total fees paid with application		\$450.00	
Total fees owed		\$900.00	
Total deficiency payment owed		\$450.00	

Applicant respectfully requests that the error in status and payment of small entity fees be excused, that the deficiency payment submitted herewith be accepted and that the subject application be permitted to proceed with the status as other than a small entity.

Respectfully submitted,  
  
Attorney for Applicants  
Robert L. Haines  
Reg. No. 35,533

SHERMAN & ASSOCIATES  
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